## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 31, 2002 8:00 am Secretary of State 03-31-2002 90058 039 \*\*\*150.00

DOCUMENT # POO 00 00 19 165  1. Entity Name										
A BC Color Printing, Inc.										
DO NOT WRITE IN THIS SPACE						B0054007				
2. Principal Place of Business		3. Mailing Address 9050 Pines Blvd.								
Suite, Apt. #, etc.		Suite. Apt. #, etc. 450				DO NOT WRITE IN THIS SPACE				
City & State		Pembroke Pines, FL				El Number 65 • 099'	9713		Applied For Not Applicable	
Zip	Country	<sup>Zip</sup> 33024	Count		5. (	Certificate of Status D	esired 🔲		<b>75</b> Additional Required	
				Name	7. Name and Address of Current Registered Agent					
DO NOT WRITE IN THIS SPACE			na franka fran ar	سحسيب حسدتهم	ss (P.O. B	5 (P.O. Box Number is Not Acceptable)				
										-
120	· ·	,	City		FL Zip Code			Zip Code		
8. The above named entity s	submits this statement for	the purpose of changing	its registere	ed office or red	istered aq	ent, or both, in the St		<b>L</b>		╣.
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SIGNATURE Signature typed or i	printed numeral registered agent a	entikle if oppscable. (N	IOTE: Rogisteres	1 Agrint sign stare re	quired when re	lesating)	ĐA	T.C.	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Fax filling requirement and elects to do so. (See criteria on back)  January 1 - M After May Amended Make Check Payab			ay 1, Fee is ded UBR is	s \$550.00 s \$61.25	,	10. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	TITLE	****	<u></u>					ĴΞ
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mis SD										XZE
NAME NOVA, JOSE RAMON STREET ADDRESS CITY-ST-ZIP REMIDTO KE PLNE, FL 33024				CIVADORESS						
CHY-ST-ZIP Rembr	oke Rines,	FL 33024	CITY	SI+ZIP			<del></del>			4
NAME			NAME							
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CITY-ST-7#		21.5 422	11	ST-ZIP	in Carette of	140.07(3)(5) (5) (5)	Noticine 15 mm	and Fire	ort than had a section	-
I horeby certify that the indicated on this report of the corporation or the attachment with an addr.	ntormation supplied with or supplemental report is e receiver or trustyo emp ess. with all orney like on	this filing does not qualify true of the accurate and the owerful to execute this re- ipprinted.	ior the exer at my signat port as requ	mption stated i ure shall have lired by Chapt	n Section 1 the same l ter 607, Flo	i 19.07(3)(i), Florida S legal effect as if mad rida Statutes; and th	statutes, I further e under oath; the at my name app	certify that I am ar ears in E	ias the information i officer or director Slock 11 or on an	
SIGNATURE:	Lawy	4				3-18-0	2	Page 19	70	
İ	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFIC	EK OR DIRECT	UK		Date		O Miles.	Phone #	1